



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

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OCT 05 2000

TECH CENTER 1600/2900

Applicants: Paul D. Ponath, Douglas J. Ringler, S. Tarran Jones, Walter Newman
José Saldanha and Mary M. Bendig

Serial No.: 08/700,737 Group Art Unit: 1644

Filed: August 15, 1996 Examiner: P. Gambel

For: HUMANIZED IMMUNOGLOBULIN REACTIVE WITH $\alpha 4\beta 7$ INTEGRIN

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>9.29.00</u>	<u>Danielle D. Gath</u>
Date	Signature
<u>Danielle D. Gath</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

10/04/2000 YPOLITE1 00000003 08700737
01 FC:119 300.00 OP

10/04/2000 YPOLITE1 00000003 08700737
02 FC:117 870.00 OP

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated April 4, 2000 of the Primary Examiner finally rejecting claims 1-9, 11-15, 18-20, 23, 24, 27 and 28. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated April 4, 2000 for three months from July 4, 2000 to October 4, 2000.
- ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
- ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

10/03/2000 YPOLITE1 00000003 08700737
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01 FC:119 300.00 OP

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01 FC:119 870.00 OP
10/04/2000 YPOLITE1 00000003 08700737
02 FC:117 310.00 OP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 870
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ _____
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ <u>1170</u>

5. The method of payment for the total fees is as follows:

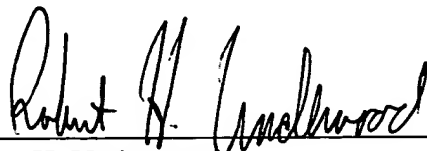
☒ A check in the amount of \$1170.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

Robert H. Underwood
Registration No.: 45,170
Tel.: (781) 861-6240
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: September 29, 2000